

ARIZONA STATE BOARD OF HEALTH

1. PLACE OF BIRTH

BUREAU OF VITAL STATISTICS

State File No. _____

STANDARD CERTIFICATE OF BIRTH

Registered No. _____

County Perial State ARIZONA

Township _____ or Village _____

City Coaldge No. _____ St. _____ Ward _____

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Helen Mae Laves { If child is not yet named, make supplemental report, as directed

3. Sex <u>Female</u>	If plural births	4. Twin, triplets, or other	6. Premature	7. Is mother married? <u>yes</u>	8. Date of birth <u>11/19</u> (Month, day, year)
		5. Number, in order of birth	Full term <u>X</u>	19 <u>29</u>	

9. Full name <u>Edgar W. Laves</u>	FATHER	18. Full maiden name <u>Viola Faulstich</u>	MOTHER
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10. Residence (usual place of abode) (If non-resident, give place and State) <u>Phoenix Ariz</u>	19. Residence (usual place of abode) (If non-resident, give place and State) <u>Phoenix Ariz</u>
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11. Color or race <u>Wht</u>	12. Age at last birthday <u>27</u> (Years)	20. Color or race <u>Wht</u>	21. Age at last birthday <u>22</u> (Years)
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13. Birthplace (city or place) (State or Country) <u>Chandler Okla</u>	22. Birthplace (city or place) (State or Country) <u>Chandler Okla</u>
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14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farm Laborer</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>
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15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Farm Work</u>	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Own Home</u>
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16. Date (month and year) last engaged in this work <u>11/20</u> , 19 <u>29</u>	17. Total time (years) spent in this work <u>6</u>	25. Date (month and year) last engaged in this work <u>11/20</u> , 19 <u>29</u>	26. Total time (years) spent in this work <u>2</u>
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27. Number of children of this mother
At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead _____ (c) Stillborn _____

If stillborn, period of gestation _____ months or weeks	29. Cause of stillbirth _____	Before labor _____ During labor _____
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 3:50 p.m. on the date above stated
(Born alive or stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) E. H. Walker, M. D.

or _____, Midwife

Given name added from
supplemental report _____ (Date of) _____

Address _____
Filed Dec 15, 1929 Chas. D. Elledge

Registrar.

Registrar.